Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ C IL6005474 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 1949041/IL118213 1949052/IL118230 S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210d)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and Attachment A emotional changes, as a means for analyzing and determining care required and the need for Statement of Licensure Violations further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 

TITLE

(X6) DATE 01/07/20

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6005474 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE BELLEVILLE, IL 62226** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced by: Based on observation, interview and record review the facility failed to provide timely treatment to gangrenous toes for 1 of 4 residents (R3) reviewed for nonpressure wounds in the sample of 15. This failure resulted in no treatment to the changes on the right 2nd toe and right great toe when first observed, and progression of gangrenous changes to the 1st, 2nd and 3rd toes of the right foot. Findings include: R3's Care Plan dated 10/18/19 documents. "At risk for skin complications r/t recent amoutation of left leg and decreased mobility. (R3) had abrasions to right foot 2nd and 3rd toes. 11/15/19 sutures and staples removed to left above knee amputation. Interventions (in part): Observe and assess regularly. Inspect feet during routine care for open areas, pressure areas, blisters, edema or redness." R3's Skin/Wound Note dated 11/14/19 documents, "11:41 AM. Resident noted to have abrasion to top of right foot 2nd and 3rd toe. Minimal pain to touch. Areas are scabbed and no drainage noted. Skin prep order received. Resident made aware of new order. Will continue to monitor." R3's Skin/Wound Note dated 11/15/19 documents, "10:09 AM. Sutures and staples

Illinois Department of Public Health STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6005474 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 removed from left above knee amputation (LAKA). Incision is healed. V16 (R3's Primary Physician) gave orders for removal last weekend. Little pain noted with removal. Resident has abrasion to top of right foot 2nd and 3rd toe. This writer noted that bottom of 2nd toe is black. (V9) Medical records made aware to call vascular MD (V5) for sooner appointment. Next follow up appointment with (V5) is on 12/4/19. Awaiting answer from MD." R3's Skin/Wound Note dated 12/2/19 documents, "10:54 AM. Therapy called this nurse into therapy office to look at resident's right great toe. Dry blood noted to the base of toenail, area cleansed and area noted to be purple in color. Minimal pain noted. V17 (Nurse Practitioner) made aware and V6 (R3's Power of Attorney for Healthcare) made aware. Follow up appointment with (V5) on 12/4." There was no documentation of any changes to R3's 3rd toe prior to his vascular clinic visit on 12/4/19. R3's Physician Order (PO) dated 11/6/19 documents, "Diabetic foot checks daily every evening shift for prophylaxis." R3's PO dated 11/14/19 documents, "Wipe skin prep to abrasion to right foot 2nd and 3rd toe daily and PRN (as needed)." R3's PO dated 12/5/19 documents, "Wipe right great toe, 2nd and 3rd toe with betadine daily and place ABD (abdominal dressing), wrap with kling every day shift to necrotic toes." R3's Treatment Administration Record (TAR) for 11/2019 documents, "Wipe skin prep to abrasion to right foot 2nd and 3rd toe daily and as needed

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(PRN) everyday shift for abrasions, start date

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12/18/19 at 12:35 PM, V4 stated she only did skin prep treatment to the abrasions on top of the 2nd

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING IL6005474 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE BELLEVILLE, IL 62226** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 and 3rd toes. V4 stated there was no order for treatment to the blackened bottom of the 2nd toe until R3 returned from seeing V5 on 12/4/19. On 12/12/19 at 9:49 AM, V9 stated she is in charge of setting up residents' appointments outside the facility. V9 stated she was notified by V4 to call V5's office to request for R3's appointment be moved sooner. V9 stated R3 had a 12/4 follow up appointment with V5 but she was told by the office that there was no opening. nothing available before 12/4. On 12/12/19 at 1:00 PM, V2 (Regional Nurse) stated it is usual practice for V9 to make the calls to set up outside appointments so that was what happened with R3's appointment. V2 stated V9 made the call and was not able to move the appointment to an earlier date. V2 stated R3 went on 12/4 and was seen by V5. On 12/12/19 at 1:09 PM, V5 (Vascular Surgeon) stated prior to the 12/4/19 visit, he had not seen R3 since R3's last follow up visit to his clinic on 10/23/19. V5 stated his clinic always has a record of all calls from his patients or facility staff who called for change in condition and there was no record his office was notified of R3's black 2nd toe or discolored great toe. V5 stated he was not aware the facility called his office regarding R3's toe on 11/15/19 or on 12/2/19 for the changes on the great toe. V5 stated he expected the facility to call him for changes in R3's foot. V5 stated if the facility notified him of the black 2nd toe on 11/15/19, he would have wanted to see R3 within that week with the one black toe rather than when it progressed to multiple black toes when he saw R3 on 12/4/19. V5 stated when he saw R3 on 12/4/19. R3 had gangrene of the great toe, 2nd and 3rd toes. V5 stated gangrene usually does

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Extremities - He has left above knee amputation

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responsible party as well as the physician will be documented in the resident's medical record or other appropriate documents. 4. The care Plan

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_ B. WING\_ IL6005474 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 Coordinator will be notified so that changes in the care plan can be made if needed." (B)

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